



**STUDENT ORAL PRESENTATION EVALUATION FORM
BY INDUSTRIAL SUPERVISOR**

Semester: _____ Academic Year: _____

Student Name: _____

Matrix No.: _____ Program: _____

Name of Industrial Supervisor: _____

For each category please give mark 1 to 5.

5 – Excellent, 4- Good, 3- Satisfactory, 2- Below Average, 1- Weak

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CONCLUSIONS	/ 5
PRESENTATION TOOLS/AIDS	/ 5
PRESENTATION SKILLS	/ 5
Q & A SESSION	/ 5
TOTAL MARKS	/30

SIGNATURE OF INDUSTRIAL SUPERVISOR: _____

DATE: _____